

**SEALED TICKET APPLICATION  
SUPPLEMENTAL FORM**

CGS-4C NEW 1/04

**STATE OF CONNECTICUT  
DIVISION OF SPECIAL REVENUE**

Charitable Games  
555 Russell Road  
Newington, CT 06111-1523



**INSTRUCTIONS:**

1. Print or type, and attach all required material.
2. The completed form must be mailed to **P.O. Box 310424, Newington, CT 06131-0424.**

TO: DIVISION OF SPECIAL REVENUE	IDENTIFICATION NUMBER
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**MEMBER IN CHARGE**

Name (please print): \_\_\_\_\_

Home telephone number: ( ) \_\_\_\_\_

Work telephone number: ( ) \_\_\_\_\_

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Sealed Tickets and the Administrative Regulations, Distribution And Sale Of Sealed Tickets, and that I will be responsible for the holding, operation and conduct of all Sealed Ticket sales in accordance with the terms of the permit, and the provisions of the Sealed Ticket law and the administrative regulations governing Sealed Tickets.

SIGNED (Member In Charge) \_\_\_\_\_ DATE (Mo., Day, Yr.) \_\_\_\_\_

**SEALED TICKET SALES**

Provide the time the doors open to the public: \_\_\_\_\_

Provide the time the sale of sealed tickets begins: \_\_\_\_\_

**SPECIAL SEALED TICKET BANK ACCOUNT**

Account number: \_\_\_\_\_

Attach a voided (not cancelled) check from the special sealed ticket bank account in the space provided below:

<p><b>ATTACH VOIDED CHECK HERE</b> (please staple check on the left edge of the paper)</p>
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## INSTRUCTIONS FOR COMPLETION OF THE SEALED TICKET APPLICATION SUPPLEMENTAL FORM

1. Print the seven (7) digit organization Identification Number previously assigned by the Division.
2. Clearly print the complete name (first, middle, last) of the designated Member In Charge, and provide a home and work telephone number where we may reach this individual, if necessary.
3. The designated Member In Charge must sign his/her name and date the form in the space provided in order to signify that he/she has read the Sealed Ticket law and the administrative regulations governing Sealed Tickets, and understands he/she will be responsible for the sale of Sealed Tickets in accordance with the terms of the permit and the provisions of the Sealed Ticket law and administrative regulations.
4. Provide the time (including am or pm) the doors open to the public.
5. Provide the time (including am or pm) the sale of sealed tickets begins.
6. Provide the complete checking account number of the sponsoring organization's "Special Sealed Ticket Bank Account", when applying for a sealed ticket permit in conjunction with a 'Class A' or 'Class C' bingo permit, with a Chapter 545 Club or Nonprofit Club permit, or for a Special Events sealed ticket permit.
7. In the space provided, staple a **voided** (not cancelled) check from the sponsoring organization's "**Special Sealed Ticket Bank Account**", when applying for a sealed ticket permit in conjunction with a 'Class A' or 'Class C' bingo permit, with a Chapter 545 Club or Nonprofit Club permit, or for a Special Events sealed ticket permit.

**If you have any questions pertaining to the completion of the Application for Permit to Sell Sealed Tickets – Organization or Sealed Ticket Application Supplemental Form, please do not hesitate to contact us at 1-800-338-6331 or (860) 594-5480.**